



STATE OF MONTANA

APPRENTICESHIP AND TRAINING PROGRAM

DEPARTMENT OF LABOR & INDUSTRY

CHECK APPROPRIATE

Vietnam Era Veteran

Other Veteran

Non-Veteran

SOCIAL SECURITY NUMBER

APPRENTICESHIP AGREEMENT

THIS APPRENTICESHIP, entered into this _____ day of _____, 20____

between _____ hereinafter referred to as the SPONSOR and
(Name of local Joint Apprenticeship Committee or Firm)

_____, Date of Birth _____ / _____ / _____
(Name of Apprentice) (Month) (Day) (Year)

Herein after referred to as the APPRENTICE.

WITNESSETH: That the SPONSOR and the APPRENTICE, desire to enter into an agreement of Apprenticeship and therefore do hereby mutually agree as follows:

1. THAT the SPONSOR shall be responsible for the placement and training of said APPRENTICE, in conformity with all sections and provisions of the Apprenticeship Standards which is made part of this Apprenticeship Agreement.
2. THAT both the SPONSOR and the APPRENTICE agree to fulfill their respective responsibilities of this Apprenticeship Program in order that the APPRENTICE will receive complete training at all phases of the trade during the term of their apprenticeship.
3. THAT either party may at any time consult with authorized representatives of the Apprenticeship and Training Program or Office of Apprenticeship and Training, U.S. Department of Labor, concerning the interpretation of any part of the Registered Apprenticeship Program or this Apprenticeship Agreement Over which there may be a difference.
4. THAT both the SPONSOR and the APPRENTICE agree to promptly notify the Apprenticeship and Training Program of cancellation or suspension of this Apprenticeship Agreement.
5. THAT the SPONSOR shall be responsible to the apprentice and the public regarding safety, training quality and ensure acceptable practices performed by the apprentice.

TRADE	TERM OF APPRENTICESHIP (Hours, Months, Years)	PROBATIONARY PERIOD
CREDIT FOR PVIOUS EXPERIENCE *	TERM REMAINING	DATE APPRENTICESHIP BEGINS

IN WITNESS WHEREOF THE PARTIES HEREUNTO SET THEIR HAND AND SEALS

_____, (SEAL) _____, (SEAL)

(Address)

(City)

(Title)

Privacy Act Statement: The information requested
Herein is used for apprenticeship program statistical
Purposes and may not be otherwise disclosed without
The express permission of the above signed apprentice.
Privacy Act of 1974 (P.L. 93-579)

_____, (SEAL)
(Representative of Joint Apprenticeship Committee or Firm)

(Title)

APPROVED AND REGISTERED BY THE BY THE APPRENTICESHIP AND TRAINING PROGRAM.

By _____ Title _____ Effective _____, 20____
(Date)

Employer _____ Address _____

* Explanation of credit for previous experience: _____